



**ROUTINE URINE ANALYSIS**

Zone: \_\_\_\_\_ Division : \_\_\_\_\_ Branch: \_\_\_\_\_  
 Proposal No. \_\_\_\_\_  
 Full Name of Life to be Assured: \_\_\_\_\_ Age / Sex \_\_\_\_\_

1.	Physical Examination (i) Colour (ii) Transparency	(ii) Sediment (iv) Reaction
2.	Chemical Examination (i) Protein (iii) Bile Salt	(ii) Sugar (iv) Bile Pigments
3.	Microscopic Examination (i) Red Blood Cells (ii) Crystals (v) Casts (BACTERIA _____)	(ii) Epithelial Cells (iv) Pus Cells (vi) Deposits

Remarks

If pus cells are present GRAM STAIN is necessary  
 If heamaturia is present ZIEHL NEELSEN METHOD is necessary

I declare that the person examined signed (affixed his /her thumb impression) in the space earmarked below, in my presence and that I am not related to him / her or the Agent or the Development Officer.

Dated at \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_ at \_\_\_\_\_ am / pm

_____ <b>Signature of the Life to be Assured</b>  _____ <b>Signature of the Introducer:</b> <b>(Agent / Development Officer)</b> <b>Name :</b> _____ <b>Code No.</b> _____	<p><b>I Certify that the proposer / LA has put his /her Signature alongside in my presence</b></p> _____ <b>Signature of the Pathologist</b> <b>Name:</b> <b>Address:</b> <b>Qualification:</b> <b>Code No:</b>
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